



10009.000110

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:	)	Confirmation No.: 6351
Penny C. Leavy, et al.	)	
	)	Examiner: Philip A. Guyton
Serial No.: 10/087,000	)	
	)	Art Unit: 2113
Filing Date: Feb. 28, 2002	)	
	)	Atty. Docket No.: 10009.000110
Title: FAULT INJECTION	)	
METHODS AND APPARATUS	)	
	)	

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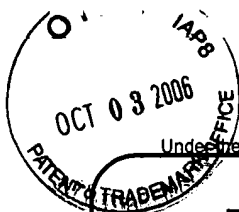
**AMENDMENT B AND  
RESPONSE TO FINAL OFFICE ACTION**

Sir:

In response to the office action of July 20, 2006  
please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of  
claims which begins on page 4 of this paper.

**Remarks/Arguments** begin on page 15 of this paper.



PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031  
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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

17

Application Number

10/087,000

Filing Date

February 28, 2002

First Named Inventor

Penny C. Leavy

Art Unit

2113

Examiner Name

Philip A. Guyton

Attorney Docket Number

10009.000110

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	De Guzman & Associates, PC		
Signature			
Printed name	Arnold M. de Guzman		
Date	September 26, 2006	Reg. No.	39,955

**CERTIFICATE OF TRANSMISSION/MAILING**

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Signature			
Typed or printed name	Arnold M. de Guzman	Date	September 26, 2006

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